



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
PO BOX 100, JEFFERSON CITY MO 65105
(573) 751-4509 www.dor.mo.gov/mvdl
GENERAL AFFIDAVIT

FORM
768
(REV. 4-04)

WARNING: "ANY FALSE STATEMENT IN THIS AFFIDAVIT IS A VIOLATION OF LAW, AND MAY BE PUNISHED BY FINE OR IMPRISONMENT, OR BOTH (301.420)." QUESTIONS SHOULD BE REFERRED TO (573) 751-4509.

COMPLETE INFORMATION AS REQUIRED

I, the undersigned, do hereby certify that . . .

- ☐ 1. **DUPLICATE/REPLACEMENT NEEDED** (Notarization required.) ☐ Duplicate Title ☐ Replacement Plate ☐ Replacement Tab
The indicated item was ☐ lost, ☐ stolen, or ☐ mutilated. If item is later found, it will be returned to the Missouri Department of Revenue. If the item is mutilated, it must be submitted with this request. If a plate was lost, please specify which law enforcement agency was notified. _____
- ☐ 2. **NON-USE** (Notarization required.) . . . the motor vehicle described on the attached application has not been operated on public roads or the highways of Missouri by myself, or my agent during the period of _____ to _____.
- ☐ 3. **GIFT** . . . I am giving this motor vehicle to _____
and there is no money or other valuable consideration involved in the transaction.
- ☐ 4. **VEHICLE OUT OF STATE** . . . the vehicle described below has not been in the state of Missouri for the 60 day period immediately preceding the date of this application for registration and will be submitted for inspection at an official inspection station within 10 days after entering the state by myself, or my agent.
- ☐ 5. **ABANDONED VEHICLE ON REAL PROPERTY** . . . the vehicle described below was abandoned on real estate owned or purchased by me located at (address, city, state): _____, and has an approximate retail/fair market value of \$ _____. List circumstances by which the real property owner came into possession of the abandoned vehicle:

- ☐ 6. **Other** (Notarization may be required.) . . . _____

OWNER (TYPE OR PRINT)	YEAR	MAKE	MODEL
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SIGNATURE OF OWNER _____

VEHICLE IDENTIFICATION NUMBER	ORIGINAL TITLE NUMBER	CURRENT LICENSE NUMBER
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NOTARY PUBLIC - (REQUIRED ON ITEMS 1 AND 2, MAY BE REQUIRED ON ITEM 6)

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE OF _____		COUNTY (OR CITY OF ST. LOUIS) _____
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		